

Human Resources
Employee Benefits and Services

2023-24 Open Enrollment

June 1, 2023 - June 23, 2023



IMPORTANT DATES

	JUNE				JULY				AUGUST											
S	М	Т	W	Th	F	S	S	М	Т	W	Th	F	S	S	М	Т	W	Th	F	S
					End PP12											▼Accrued Holiday EE		DTA	н	
				1	2	3							1			MGR 1	2	3	4	5
		EE MGR		DTA H				EE	+Holiday	MGR	DTA	н				P	Pay Day		End PP17	
4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	و چون	10	11	12
	P		Pay Day		End PP13				P	Pay Day		End PP15				EE MGR		DTA	н	
11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19
	+Holiday	EE MGR		DTA H					EE MGR		DTA	н				Р	Pay Day		End PP18	
18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	♦ 23	24	25	26
	P		Pay Day		End PP14				P	Pay Day		End PP16				EE MGR		DTA		
25	26	27	28	29	30		23	24	25	26	27	28	29	27	28	29	30	31		
	2n	d Quarto	er Ends P	P13 (7-	13)		30	31												

June 1, 2023 - Open Enrollment <u>begins</u>

June 23, 2023 - Open Enrollment ends

July 14, 2023 - Support documentation for adding dependents or opt-out/waive due

July 29, 2023 - Benefits become effective

August 9, 2023 - Election changes reflected on paycheck

August 23, 2023 - FSA elections reflected on paycheck

OPEN ENROLLMENT EVENTS

Explore your benefit options at our in-person Benefit Expos or online OE Webinars.

- Expos will feature vendors from both County and Teamsters Local 1932 Health and Welfare Trust.
- Webinars will feature short presentations from the County, Teamsters Local 1932 Health and Welfare Trust and Health Carriers.
- Attend an OE Webinar or Benefit Expo for a chance to win a Fitbit!



S	CITY	DATE	DAY	TIME	LOCATION
EXPO	COLTON	6/2/23	F	8:00 am - 10:00 am	ARMC - MEDICAL OFFICES BUILDING (Citrus Hall) 400 N Pepper Ave
$\widehat{\mathbf{H}}$	SAN BERNARDINO	6/6/23	T	10:00 am - 1:00 pm	GOVERNMENT CENTER (Rotunda) 385 N. Arrowhead Ave.
분	VICTORVILLE	6/8/23	TH	10:00 am - 1:00 pm	CFS - VICTORVILLE (Conference Room 1) 15020 Palmdale Road
BENE	COLTON	6/12/23	M	2:30 pm - 4:30 pm	ARMC - Medical Offices Building (Ponderosa Room) 400 N. Pepper Ave.
8	RANCHO CUCAMONGA	6/15/23	TH	10:00 am - 1:00 pm	Aging and Adult Services - Rancho Cucamonga (Haven Room) 9445 Fairway View Pl. Suite 105

FOR MORE INFORMATION:

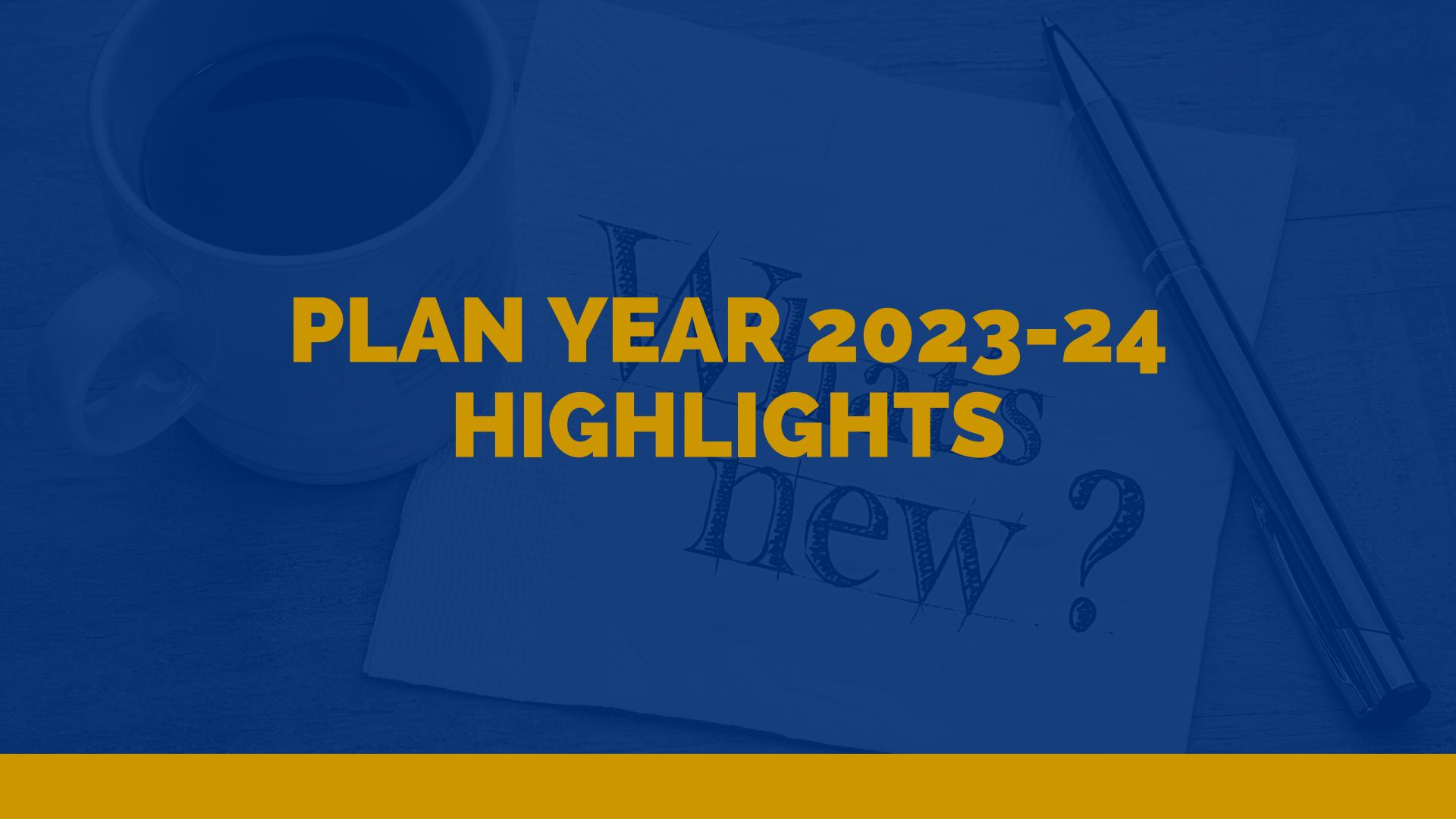
WSIT the Employee Benefits web pages
CONTACT your department payroll specialist
ATTEND one of the open enrollment meetings
CONTACT Employee Benefits at ebsd@hr.sbcounty.gov

CALL Employee Benefits at 909.387.5787

View the Employee Benefits & Services web page: link.sbcounty.gov/OE2023.



You may attend open enrollment meetings on County paid time with supervisor's approval. For assistance, contact your department payroll specialist or Employee Benefits at ebsd⊛hr.sbcounty.gov | 909.387.5787



PLAN YEAR 2023-24 HIGHLIGHTS



Open Enrollment Consultations

Book a 15-minute one-on-one consultation with Kaiser
Permanente or Blue Shield. To learn more about the County healthcare plans during open enrollment. Visit

link.sbcounty.gov/OE2023 to make your appointment today!



Flexible Spending Account (FSA)

Don't forget your first aid kit and all the other useful items you can purchase with your Flexible Spending Account (FSA).

The maximum contribution amount increase to \$3,050, and the 2022-23 rollover amount increased to \$610.



New Lower Premium Cost Medical Plans Avaliable

The County is excited to introduce two new lower premium cost medical plans, offered alongside our existing plans. Employees now have the option of selecting the Blue Shield Trio HMO or the Kaiser Virtual Complete HMO. Visit the Blue Shield and Kaiser webpages for more information.



My Health Matters!

Adventure awaits with Wellable
- our new Steps to Success
platform and mobile app! Also,
be sure to explore the San
Bernardino County Wellness
App, and stop by to see the
updated Roadmap to Health
Checklist.

link.sbcounty.gov/wellness.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Overview

- Voluntary participation
- Convenient pre-tax payroll contributions
- Elections must be made every year
- Easy to use payment options
- Pay for qualified medical expenses

Flexible Spending Account (FSA)

Open Enrollment
June

Plan Year July - July

Maximum Election \$3,050

Rollover \$610



OUR CARRIERS

Blue Shield of California

Blue Shield Access + HMO

Blue Shield Trio HMO

Blue Shield Signature HMO

Blue Shield PPO

Blue Shield Needles PPO



Kaiser Permanente

Kaiser Choice HMO

Kaiser Virtual Complete

Kaiser Traditional HMO



Delta Dental

DeltaCare USA DHMO

Delta Dental DPPO

EyeMed

EyeMed Vision





TWO NEW LOWER PREMIUM COST MEDICAL PLANS

Blue Shield Trio HMO

\$25 co-pay

Lowest bi-weekly out of pocket cost plan

Specially Designed Local Network

No deductible

Kaiser Virtual Complete HMO

\$0 Virtual care

\$0 Preventive care visits

\$30 primary care/specialist visits

\$500 CY deductible*

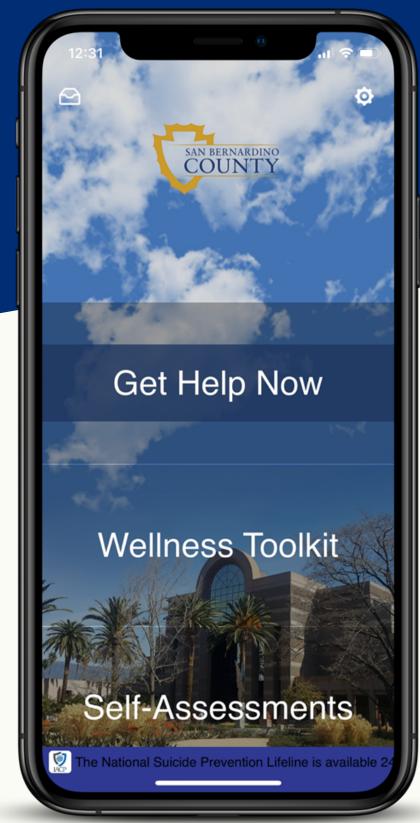
*\$500 for 2023 (7/29/2023 - 12/31/2023) \$500 for 2024 (1/1/2024 - 12/31/2024)

SAN BERNARDINO COUNTY WELLNESS APP

Username: COSB

Password: Wellness1

The mobile app has been developed to provide wellness resources to all County employees, retirees, and their families with 24/7 access to critical resources and wellness tools.

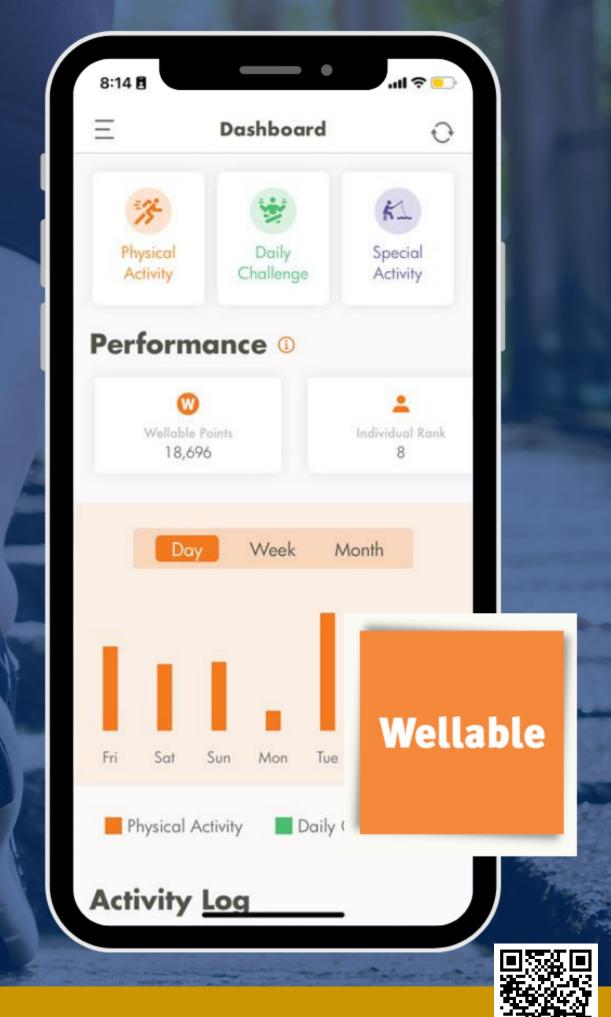


- Wellness Toolkit
- Self-Assessments
- Fitness Exercises
- Nutrition Advice
- Mindfulness and Relaxation Resources
- Links to County Benefit Resources
- And More!

STEPS TO SUCCESS

Wellable is our wellness platform for the Steps to Success program

- Designed to help employees achieve health and fitness goals
- Loaded with on-demand health content and interactive features
- Track physical activity to earn rewards and incentives
- Connect to your apps and sync up to wearable devices to log progress







2023-24 BI-WEEKLY PREMIUM RATE TABLE

Rates Effective July 15, 2023 Coverage Effective July 29, 2023

Benefits Guide:

https://link.sbcounty.gov/BenefitGuide2023

Rate Table:

https://link.sbcounty.gov/RateTable2023

2023-24 BI-WEEKLY PREMIUM RATE TABLE

Rates Effective July 15, 2023 | Coverage Effective July 29, 2023

Rates Effective July 15, 2023		2023-2024	2022-2023	Dollar	Percentage (%)
Pian	Coverage Type	Published Bi-Weekly Rates	Published Bi-Weekly Rates	Change	Change
Kaiser HMO	Employee Only	\$347.92	\$322.30	\$25.62	7.95%
	Employee + 1	\$693.84	\$642.59	\$51.25	7.98%
	Employee + 2	\$980.93	\$908.42	\$72.51	7.98%
Kaiser Choice HMO	Employee Only	\$296.56	\$279.89	\$16.67	5.96%
	Employee + 1	\$591.12	\$557.77	\$33.35	5.98%
	Employee + 2	\$835.62	\$788.43	\$47.19	5.99%
Kaiser Virtual	Employee Only	\$272.49	\$0.00	\$272.49	N/A
Complete HMO	Employee + 1	\$542.97	\$0.00	\$542.97	N/A
	Employee + 2	\$767.47	\$0.00	\$767.47	N/A
Blue Shield	Employee Only	\$334.38	\$309.84	\$24.54	7.92%
Signature HMO	Employee + 1	\$666.77	\$617.72	\$49.05	7.94%
	Employee + 2	\$942.65	\$873.23	\$69.42	7.95%
Blue Shield	Employee Only	\$290.45	\$269.17	\$21.28	7.91%
Access+ HMO	Employee + 1	\$578.93	\$536.37	\$42.56	7.93%
	Employee + 2	\$818.37	\$758.13	\$60.24	7.95%
Blue Shield	Employee Only	\$272.60	\$0.00	\$272.60	N/A
HMO Gold Trio	Employee + 1	\$543.22	\$0.00	\$543.22	N/A
	Employee + 2	\$767.84	\$0.00	\$767.84	N/A
Blue Shield PPO	Employee Only	\$621.36	\$575.66	\$45.70	7.94%
	Employee + 1	\$1,264.25	\$1,171.11	\$93.14	7.95%
	Employee + 2	\$1,961.19	\$1,816.63	\$144.56	7.96%
Blue Shield	Employee Only	\$701.33	\$649.74	\$51.59	7.94%
Needles PPO**	Employee + 1	\$1,426.46	\$1,321.35	\$105.11	7.95%
	Employee + 2	\$2,209.21	\$2,046.36	\$162.85	7.96%
Blue Shield PPO Bronze Plan	Employee Only	\$179.75	\$166.64	\$13.11	7.87%
	Employee + 1	\$357.49	\$331.26	\$26.23	7.92%
	Employee + 2	\$505.01	\$467.89	\$37.12	7.93%
DeltaCare USA DHMO	Employee Only	\$9.88	\$9.88	\$0.00	-2.80%
	Employee + 1	\$15.94	\$15.94	\$0.00	-2.90%
	Employee + 2	\$20.77	\$20.77	\$0.00	-2.94%
Delta Dental PPO	Employee Only	\$22.54	\$23.19	-\$0.65	0.00%
	Employee + 1	\$41.91	\$43.16	-\$1.25	0.00%
	Employee + 2	\$71.63	\$73.80	-\$2.17	0.00%

Job Seekers 💌

Services v

Benefits v

FAQs 🕶

About Us 🕶

Contact Us

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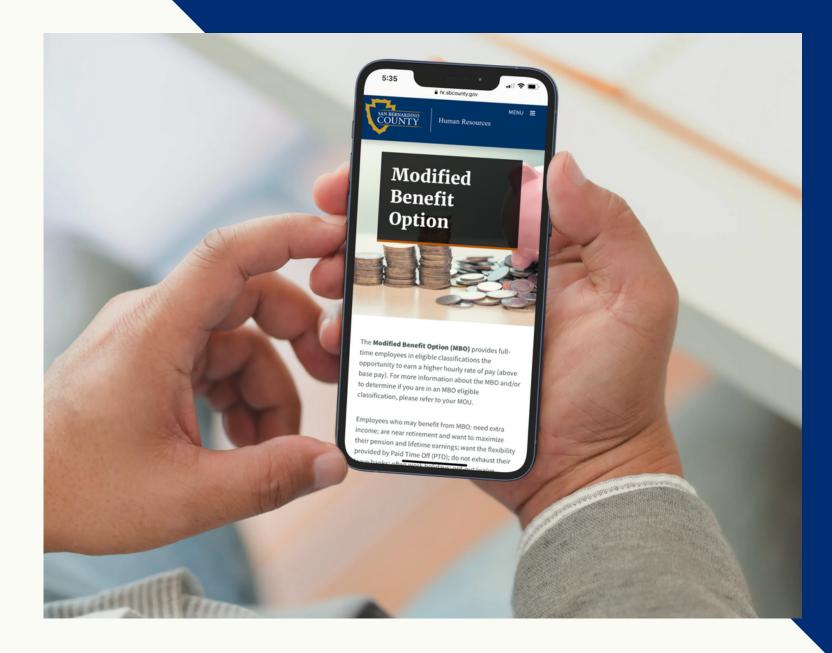
What We Do

The Employee Benefits and Services Division (EBSD) provides comprehensive benefits and services to eligible employees, retirees and their dependents through strategic planning, negotiation and implementation of County benefit programs.

MODIFIED BENEFIT OPTION

The **Modified Benefit Option (MBO)** provides full-time employees in eligible classifications (job/title) the opportunity to convert from a position with traditional benefits to a position with modified benefits.

- Based on classification and bargaining unit
- Medical, Dental, Vision, FSA, and Life Insurance elections can be done through EMACS self-service
- Only form required by an employee during Open Enrollment is the enrollment/disenrollment form





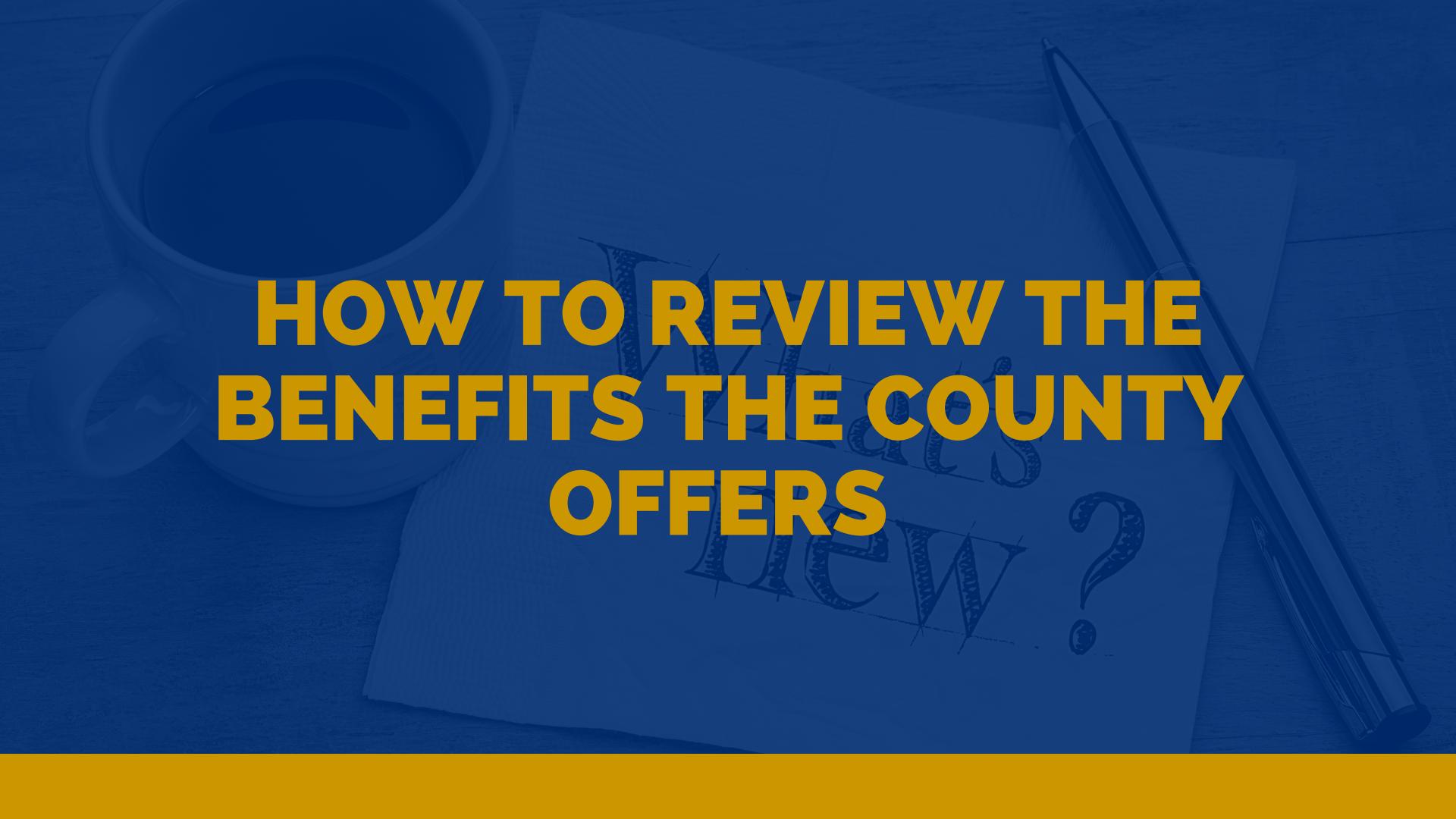


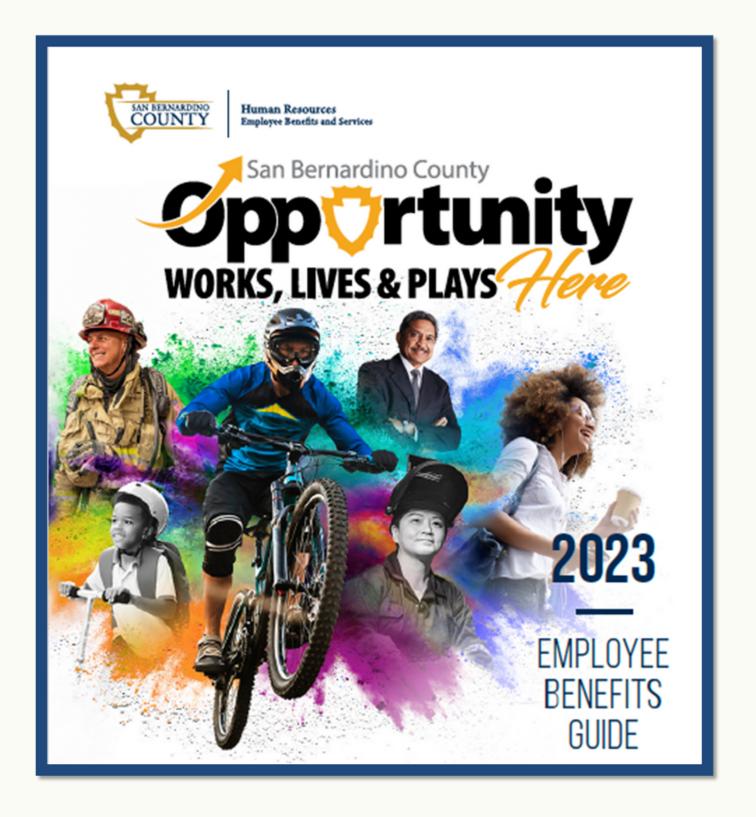
EMPLOYEE ASSISTANCE PROGRAM (EAP)

EAP TOLL-FREE (800) 234-2939

The EAP is designed to address short-term challenges and to identify resources and referrals for emergency and long-term challenges

Professionally trained advisors are available to help with family problems, marital concerns, financial and legal matters, stress, depression, and other challenges that may be affecting your personal life. Advisors are available to help 24 hours a day, 7 days a week, 365 days a year.





Benefits Guide

BENEFITS BY OCCUPATIONAL UNIT (BBOU)



Human Resources Employee Benefits & Services

MOU Contract 2019-2023

The County pays a large portion of your healthcare premiums. To determine your out-of-pocket costs. use our online Benefits Calculator.



MEDICAL PREMIUM SUBSIDY

\$100.00 Employee-Only \$200.00 Employee +1 Employee +2 or more \$300.00

MEDICAL OPT-OUT/WAIVE

If you have other employersponsored group coverage and do not enroll in the County's medical plans, you will receive an extra \$40 per pay period.



DENTAL PREMIUM SUBSIDY

\$9.46 (requires enrollment in a County medical plan)



VISION

No Cost for Employee-Only Coverage.

Benefit rates listed for full-time employees (61-80 hours) per biweekly pay period unless otherwise noted.

LEAVE PROVISIONS

Vacation	80-160 hours per year
	Cash-out option up to 60 hours per year if 80 hours of vacation used in previous year

Sick	3.39 hours per pay perio	od

Holiday	14 + 1 floating per year
rionady	14 i i induting per year

Admin	80 hours/year - MGMT ONLY
	40 hours/year - SUP ONLY
	Cash-out option

Annual	40 hours/year - SUP ONLY
	No Cash-out (use it or lose it)

Attorney	40 hours/year - ATTORNEYS ONLY
	No Cash-out (use it or lose it)

Bereavement	2 days per occurrence
	(3 if traveling >1,000 miles

Perfect	Up to 16 hours PAL or			
Attendance	annual gym membership			
Leave (PAL)	reimbursement up to \$299			



Representation:

Union Listed Here



COUNTY-PAID BENEFITS

SHORT-TERM DISABILITY

\$50,000 for ADM & MGMT

\$35,000 for SUP & TI

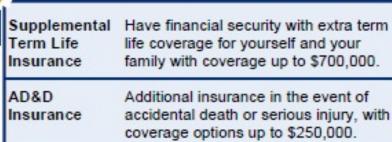
RETIREMENT

\$20,000 for CLK & CLT

for up to one year

Receive 55% of pay, up to \$1,540/week

BASIC TERM LIFE INSURANCE



VOLUNTARY PARTICIPATION PROGRAMS

FSA Pre-tax account for qualified health care expenses up to \$2,850 annually. "Gold" level plan enrollees are eligible for a match up to \$10 per pay period.

DCAP Pre-tax account for qualified dependent care expenses up to \$5,000 annually.

529 Savings Invest for future educational expenses Plan with tax-free earnings. Contact Voya to

Hired ON or AFTER Jan 1, 2013

457(b) Deferred Compensation

SBCERA Retirement Formulas

Reciprocity provisions may apply

Tier I 2.0% AT AGE 55

Tier II 2.5% at age 67

Auto-enrolled upon hire at 1% contribution of base salary. County will match half of your contribution up to 0.5% of your base salary after one year of continuous service.

Hired PRIOR to Jan 1, 2013

Retirement Medical Trust (RMT)

County Contribution (Based on continuous years of service):

10-14 years = 1.5% of biweekly base salary 15-19 years = 2.0% of biweekly base salary 20+ years = 2.5% of biweekly base salary

Sick Leave Conversion

Upon separation, eligible to convert a portion of your sick leave into the RMT upon attaining 10+ years of participation with SBCERA and/or other public retirement.

enroll. Combined link.sbcounty.gov/CombinedGiving Giving Give back to the community via one-

Commuter link.sbcounty.gov/rideshare Services Help the environment, reduce traffic,

save money and earn rewards with your commute.

time or ongoing payroll deductions.

link.sbcounty.gov/EmployeeDiscour Employee Discounts Save big at hundreds of national and local merchants.

Wellness link.sbcounty.gov/wellness Program

Information, resources and rewards to support your healthy lifestyle.

Employee Assistance Program (EAP)

link.sbcounty.gov/eap

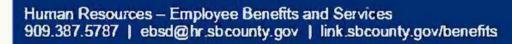
Confidential expert support and resources available at any time, at no cost to you.

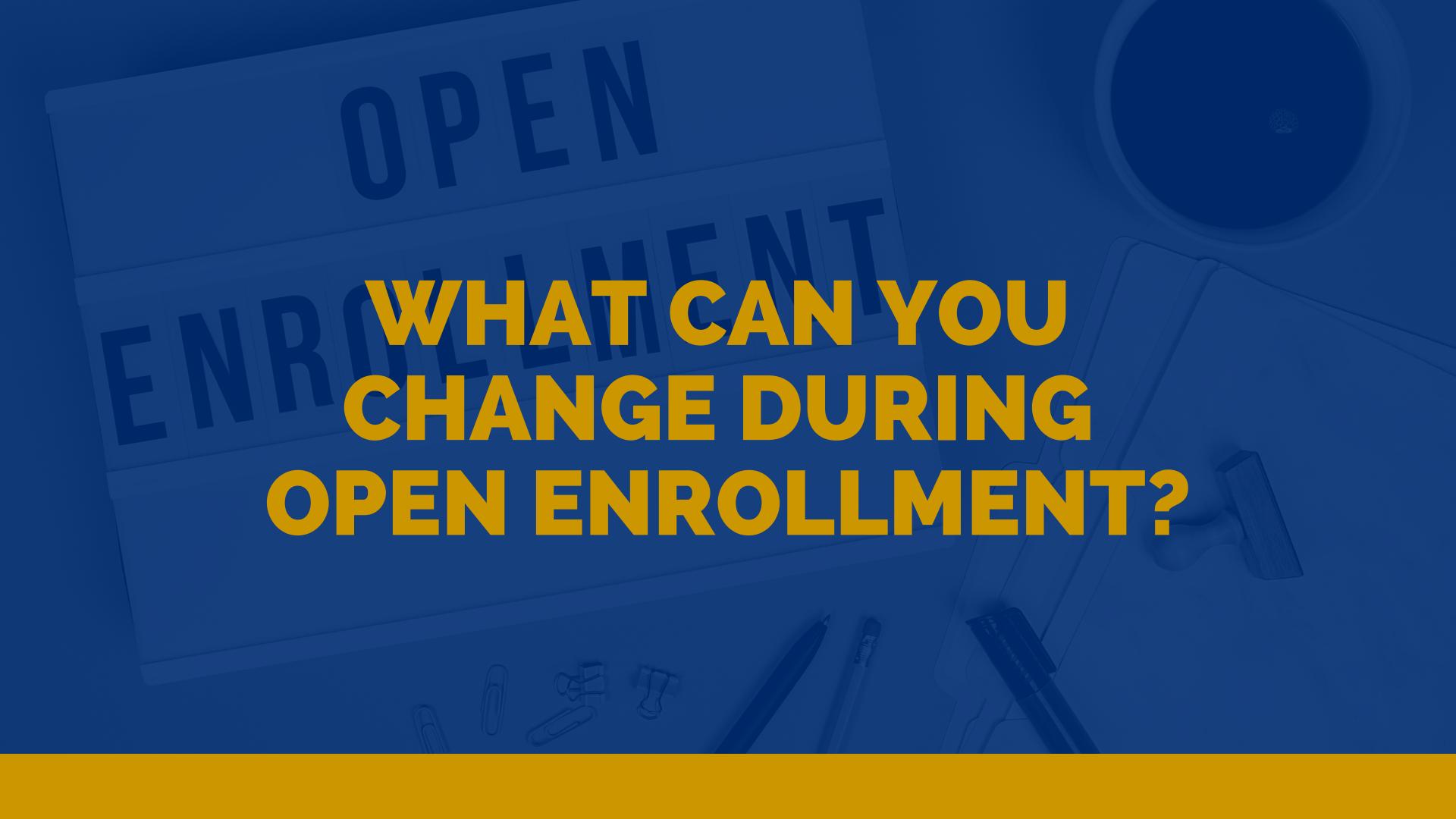
MODIFIED BENEFIT OPTION (MBO)

Certain eligible job classifications have the option to elect the MBO in lieu of the traditional benefit option; refer to your Memorandum of Understanding (MOU) for details.

Plan Year 2022-23 Revised Date

Human Resources - Employee Benefits and Services 909.387.5787 | ebsd@hr.sbcounty.gov | link.sbcounty.gov/benefits





WHAT CAN YOU CHANGE DURING OE?





Medical Dental Vision

Dependents



Add or Remove Dependents

Tax Savings Plan



Flexible Spending Account (FSA)

Opt-Out/Waive



Opt-Out or Waive Medical and/or Dental coverage

Life Insurance



Supplemental AD&D

Tax Election



Elect Before or After Tax Deductions

Modified Benefit Option



Enhanced Wage Option Flexibility of Choice

Update EMACS Info



Update EMACS contact info and beneficiaries

SUPPORTING DOCUMENTATION

DEPENDENT AND OPT-OUT/WAIVE SUPPORTING DOCUMENTATION

Proof of eligibility for all newly added dependents and opt-out/waive elections must be submitted to EBSD by 5:00 pm on Friday, July 14, 2023



Newly Enrolled Dependent(s)

Marriage certificate, domestic partnership certification, birth certificate, adoption orders



Opt-Out Waive

Proof of spouse/domestic partner/parent's employer sponsored coverage that includes the effective date of coverage



Disabled Dependent (OAD)

Disabled Dependent Certification and birth certificate is required for dependents who are over the age of 26 and permanently disabled



STAY CONNECTED WITH US!

ADD YOUR CONTACT INFO TO EMACS



Updating your Contact Details in EMACS to add your preferred email address and phone number will allow the County to rapidly facilitate important communications to you such as:

- Pay Warrant Information
 - Benefit Updates
 - EMACS Changes
- Payroll Specialist Communications
 - Department Updates

CONTACT US

CONTACT INFORMATION/RESOURCES







Twitter

Facebook

Instagram



Mailing & Physical Address

175 W. Fifth Street, First Floor San Bernardino, CA 92415



Phone Number

909-387-5787



Email Address

ebsd@hr.sbcounty.gov



Website

hr.sbcounty.gov/employee-benefits/

hr.sbcounty.gov/benefits-calculator/



Human Resources
Employee Benefits and Services

Any Questions?

UPCOMING PRESENTATIONS



Blue Shield Open Enrollment Presentation



Kaiser Permanente Open Enrollment Presentation



Delta Dental Open Enrollment Presentation



EyeMed Open Enrollment Presentation



Teamsters Local 1932 Health and Welfare Trust